


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> , Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # V33283 (5)</b> 1. Corporation Name <b>BELMONT OF AMERICA, INC.</b>					
Principal Place of Business <b>1001 Brickell Bay Dr. Suite 1910 Miami, FL 33131</b>			Mailing Address <b>1001 Brickell Bay Dr. Suite 1910 Miami, FL 33131</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 <b>1001 Brickell Bay Dr. Suite # 1910 Miami, FL 33131</b> 27 City & State 28 Zip 29		3. Date Incorporated or Qualified <b>04/30/92</b> 3a. Date of Last Report <b>04/30/92</b> 4. FEI Number <b>65-0390655</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CASTRO, CARLOS ALBERTO 1001 S.BAYSHORE DR SUITE 2410 MIAMI, FL 33131</b>			10. Name and Address of New Registered Agent 81 Name <b>PINE FINANCIAL SERVICES</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1001 BRICKELL BAY DRIVE, SUITE 1910</b> 83 84 City <b>MIAMI</b> 85 FL 86 Zip Code <b>33131</b>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE <i>[Signature]</i> <b>Marcia Pinheiro</b> DATE <b>4/4/97</b> (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS 12.1 NAME <b>PSD PINHEIRO, NELSON N.</b> 12.2 STREET ADDRESS <b>1001 BRICKELL BAY DR.# 1910</b> 12.3 CITY-STATE-ZIP <b>MIAMI, FL 33131</b> 12.4 TITLE <b>M</b> 12.5 NAME <b>PINHEIRO, MARCIA PONTE</b> 12.6 STREET ADDRESS <b>1001 BRICKELL BAY DR.# 1910</b> 12.7 CITY-STATE-ZIP <b>MIAMI, FL 33131</b> 12.8 TITLE <b>DE</b> 12.9 NAME <b>DE</b> 12.10 STREET ADDRESS <b>DE</b> 12.11 CITY-STATE-ZIP <b>DE</b> 12.12 TITLE <b>DE</b> 12.13 NAME <b>DE</b> 12.14 STREET ADDRESS <b>DE</b> 12.15 CITY-STATE-ZIP <b>DE</b>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE <b>800002138678</b> 13.2 NAME <b>-04/10/97--01005--030</b> 13.3 STREET ADDRESS <b>***165.00</b> 13.4 CITY-STATE-ZIP <b>MIAMI, FL 33131</b> 13.5 TITLE <b>DE</b> 13.6 NAME <b>DE</b> 13.7 STREET ADDRESS <b>DE</b> 13.8 CITY-STATE-ZIP <b>DE</b>		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or as an attachment with an address. SIGNATURE: <i>[Signature]</i> <b>Marcia P. Pinheiro</b> DATE <b>4/4/97</b> (305)577-8991					